

Case Number:	CM15-0142359		
Date Assigned:	08/03/2015	Date of Injury:	06/26/2014
Decision Date:	09/04/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	07/22/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Indiana, Oregon
 Certification(s)/Specialty: Orthopedic Surgery

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 45 year old male, who sustained an industrial injury on 6-26-2014. Diagnoses include rotator cuff sprain or strain, other affections shoulder region NEC and adhesive capsulitis of the shoulder. Treatment to date has included conservative measures including injections, physical therapy, home exercise, heat and ice application and medications. Per the Primary Treating Physician's Progress Report dated 6-10-2015, the injured worker presented for follow-up of his left shoulder pain, stiffness and weakness. Overall he reports that he is doing badly and that shoulder continues to hurt him throughout the day. The cortisone injection that he received on 5-05-2015 offered him no relief of symptoms. Physical examination of the left shoulder revealed active abduction to 90 degrees, active forward flexion to 140 degrees, both of the moderately painful arc of motion, and painful end point abduction greater than forward flexion, and demonstrates an internal rotation contracture of approximately 20-25 degrees. The plan of care included continuation of home exercise, heat and ice application, and surgical intervention and authorization was requested for left shoulder arthroscopy and busoscopy, arthroscopic capsular release, subacromial decompression and other corrections as indicated at the time of surgery, postoperative physical therapy, preoperative laboratory evaluation and a surgical assistant or physician's assistant.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Arthroscopy/Bursoscopy, Arthroscopic Capsule Release, Subacromial Decompression and other corrections as indicated at time of surgery for left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Shoulder Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder.

Decision rationale: CA MTUS/ACOEM is silent on the issue of surgery for adhesive capsulitis. Per ODG shoulder section, the clinical course of this condition is self-limiting. There is insufficient literature to support capsular distention, arthroscopic lysis of adhesions/capsular release or manipulation under anesthesia (MUA). The requested procedure is not recommended by the guidelines and therefore is not medically necessary.

Post-operative Physical Therapy x 12: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Pre-operative Blood Labs (unspecified): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Pre-operative EKG: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Pre-operative Chest X-ray: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated service: Surgical Assistant/PA: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.